

Hollydene Respite Services

Inspection report

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Summary of this inspection

Overall summary

We carried out this announced inspection on 11 May 2022. The inspection was completed by a Care Quality Commission, (CQC), inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated, and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

About the service

Hollydene Respite Services (known as Hollydene) is a respite residential service providing accommodation with personal care for people with a learning disability and autistic people. Up to 11 people can be supported for respite or emergency stays at any one time. A total of 48 people accessed the respite service. At the time of our inspection there were six people staying at Hollydene.

Hollydene is a single-storey building in a residential area of Douglas. There were 11 single bedrooms, a dining room and two lounge areas. A large accessible garden was to the side of the property.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

Our Key Findings

The service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice. People, and their relatives where appropriate, were involved in agreeing the support plans and goals. People received person-centred support and made choices and decisions about what they wanted to do. People were supported to be as independent as possible.

Relatives said people were happy staying at Hollydene. Risks were assessed and guidelines were in place to manage these risks. Incidents were recorded and reviewed to reduce the risk of a reoccurrence. A robust system was in place to book in and manage people's medicines and people received their medicines as prescribed. We have made recommendations for improving the management of medicines, including checking staff competencies and having guidelines for the use of 'as required' medicines.

Hollydene had not had a manager for 18 months. The service manager had oversight of the home and had made positive changes to the booking system, staffing levels and sourcing contract cleaners and laundry service. They acknowledged improvements were needed in the quality assurance processes to ensure all checks, reviews and staff supervisions were carried out. This should improve as a new manager had been recently appointed.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff were positive about working at Hollydene. Relatives spoke positively about the staff team, saying there was good communication with the staff and they were kind and caring.

There were enough staff on duty to meet people's needs. Staff had received the training they needed for their roles. We were not able to check staff recruitment at this inspection as the recruitment files were not available. Staff said they felt well supported by the service manager and communication within the team was good. Staff meetings were regularly held.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. However, formal capacity assessments and best interest decisions were not recorded.

People were supported to maintain their health and wellbeing. People's nutritional needs were being met. People's communication needs were known.

We found areas where the service could make improvements. CQC recommends that the service:

- Implement current guidance for the management of medicines. This includes robust checking of staff knowledge and having guidelines in place for the use of 'as required' medicines.
- Improve the availability and timeliness of portable appliance testing (or equivalent).
- Take action to review any restrictive practices in place, fully considering best practice guidance in relation to capacity assessments and best interest decisions.
- Ensure staff have appropriate training in mental capacity guidance and assessments.
- The provider should ensure the adapted bath is repaired in a timely manner.

We have also identified areas we have escalated to the IOMDHSC.

- Recruitment records need to be accessible and audited to ensure robust, safe recruitment procedures are being followed.
- The provider should review the need to undertake a Legionella risk assessment in social care settings, having regard to The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.

The Inspection

Service and service type

Hollydene is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement, and both were looked at during this inspection.

The service had been managed by the service manager, who also had oversight of six other small residential homes. A new manager had recently been appointed and was starting their induction at the time of our inspection. It is the intention of the IoMDHSC that all Manx Care services and managers will become registered with the Registration and Inspection Unit.

Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information we asked providers to send to us for our inspections with key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the service manager. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the respite service. We observed the support provided throughout our inspection as not everyone was able to communicate with us. We looked at the environment of the service, with people's permission.

We spoke with five members of staff including the service manager, support workers and the chef. We reviewed a range of records, including three people's care records and multiple medication records. A variety of records relating to the management of the service, including quality assurance, complaints and incident reports were reviewed.

After the inspection

We contacted three relatives for their feedback about the care and support provided by Hollydene.

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Is the service safe?

Our findings

We found that this service was safe in accordance with CQC's inspection framework

Using medicines safely

People received their medicines as prescribed. However, we identified a number of improvements to support the safe management of medicines.

Guidance was not always in place for medicines administered 'when required' (PRN). The guidance is used to provide information on how the person would communicate, either verbally or non-verbally, that they needed the PRN medicine to be administered.

Staff had annual medicines administration training. Competency observations had been made for a new member of staff but had not been completed for existing staff members. However, the competency assessment did not check the staff knowledge of what to do in the event of an issue when administering medicines, for example if a tablet was dropped or a person refused their medicines.

Assessments identified the support each person needed to take their medicines. All medicines people brought with them were checked by the residential support workers and signed in. The medicine administration records (MARs) were checked for accuracy. Staff said they could contact the duty pharmacist for advice if there were any queries with people's medicines.

The MARs were fully completed. Any medicines that returned home with people at the end of their respite stay was also signed out.

The provider's medicines policy was up to date and gave clear guidance in the areas identified above. They needed to ensure the policy was consistently followed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

Risks people may face were identified and clear guidelines were in place to manage these risks. Where appropriate copies of guidance written by external professionals, for example for safe moving and handling techniques, were obtained for the staff team to follow.

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. However, portable appliance testing (PAT) (or equivalent) had not been

carried out since 2019. PAT checks ensure electrical appliances are safe to use. The provider's estates department were responsible for arranging the PAT tests.

An adaptive bath had not been working for over 12 months. This had been repeatedly reported to the estate's maintenance department but was still waiting a new part. Some of the delay was due to the COVID-19 pandemic. This had meant some people's bathing care plans had been re-written to include showers and bed baths as they could not have a bath at Hollydene.

A formal risk assessment for Legionella disease was not completed. Legionella bacteria live in water systems. Annual tests for Legionella bacteria were carried out by an external company. Weekly water temperature checks were made.

Personal emergency evacuation plans (PEEPS) were in place for each person and were easily accessible in the case of an emergency.

Incidents and accidents were recorded electronically. All reports were reviewed by the service manager to check any actions to reduce the likelihood of a reoccurrence had been taken.

Systems and processes to safeguard people from the risk of abuse

Relatives thought people were safe when staying at Hollydene. Staff had completed training in safeguarding vulnerable people. They knew the signs of potential abuse and how to report this. Staff were confident the service manager would respond to any concerns they raised. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

Staffing and recruitment

The staffing rota was flexible depending on the needs of the people staying at Hollydene on each night. Staff and relatives felt there were enough staff on duty to meet people's needs. Rotas, and our observations, confirmed this. Where people using the service had specific needs which the residential support workers did not have the training to meet, an additional member of staff was sourced through external agencies who knew the person well. For example, staff who supported the person in their day service provision. This meant people's complex needs could be safely met.

A system was in place where people using the respite service could be 'stood down' if there were not enough staff to meet people's needs. We were told this did not often happen but could occur due to short notice staff sickness or an emergency admission to the home. One relative said, "We get the odd stand down, but that's understandable. There's not been too many and it's not a big issue."

At the time of our inspection, individual staff recruitment files were not available for us to view. We therefore could not determine if safe recruitment practices had been followed.

Preventing and controlling infection

Hollydene was clean throughout. The service manager had arranged for external contract cleaners and laundry service. Due to the large turnover of people using the service there was always a lot of laundry and cleaning to do. This meant the residential care staff could concentrate on meeting people's needs. Staff said this worked well.

Staff had completed training in infection control. We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

We found that this service was effective in accordance with CQC's inspection framework

Ensuring consent to care and treatment in line with law and guidance

As far as possible, people should be enabled to make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under Manx legislation. Best practice in care homes, and some hospitals, is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

Capacity assessments were not routinely completed. Capacity assessments and best interest decisions should be used to safeguard people's rights to make their own decisions where possible and ensure decisions are made in their best interests where people are assessed as lacking the capacity to make the specific decision in question.

The only capacity assessment and best interest decision was for the use of video cameras in some rooms for a small number of people to enable members of staff to monitor people's well-being remotely. The video cameras had been requested by the person's family and a formal process had been completed prior to their use.

Training in mental capacity was not currently available for the staff team. The service manager said that many families were used to making decisions on their relative's behalf because they still lived at home. This meant some families did not understand why a capacity assessment may be needed.

We observed all members of staff offering day to day choices and options about their care and support throughout the inspection.

Staff support: induction, training, skills and experience

Staff received the training to carry out their roles, including in specific training to meet a person's needs, for example percutaneous endoscopic gastrostomy (PEG) feeding. Face to face training had been more limited during the COVID-19 pandemic. Course dates were now becoming available for staff to book onto. On-line training courses had continued to be available.

Residential support workers said they felt well supported by the service manager, who visited Hollydene each week. They said they could ring the service manager and would always get a response. Regular staff meetings were held; however, staff supervisions had not taken place for a long time due to not having a manager at Hollydene.

Residential support workers said when the service manager was off work, they did not feel as well supported. The other service managers did not know how the respite service worked as it is very different to a residential home, due to the short stays that people using the service have. They were

positive this would change with the appointment of the new manager for Hollydene. The new manager and service manager had agreed not to take annual leave at the same time to ensure there was consistent support for the staff team.

Supporting people to eat and drink enough to maintain a balanced diet

People's nutritional needs were known, using information provided by specialists, for example the speech and language team (SALT). The chef knew people's dietary needs and also their likes and dislikes. Where appropriate, adaptive cutlery and crockery was available, so people were able to eat independently.

People had a choice of meals and the menu was flexible to cater for the people staying at Hollydene each night. We observed the mealtime and people showed they enjoyed the meal through smiles and thumbs up gestures.

One relative told us they received feedback about the meals their relative had eaten as they needed to monitor their food intake.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

People's health needs had been identified, using information provided by specialists where required. Care plans provided guidance for staff for meeting these needs.

Hollydene is a respite service and so the staff team did not support people with their regular medical appointments. In the event of a person becoming unwell whilst staying at Hollydene, the residential support workers would contact their family and also had details of the medical professionals involved in their care and support, for example the GP.

Some people, but not all, had a health passport. This included brief details about their needs, how they communicated and the support they needed. The health passport would be given to other medical professionals, for example hospital staff, when required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

An initial assessment was completed when people were due to start using the respite service. This involved gathering information from people, their families and other professionals, for example, children's services, social workers and day services. Residential support workers would visit people at their home, college or day services to observe the support they needed.

Where possible, people visited Hollydene several times to see the service, meet some of the staff team and have a meal there before they had an overnight stay.

Adapting service, design, decoration to meet people's needs

Hollydene is an older property which lacked some modern features, for example wide doors for easier wheelchair access. The service manager explained the provider's plans for a new building to be built on land at the same site. This would allow the current building to continue to provide respite stays whilst the new building was being completed.

There were accessible bathrooms, although, as described in the safe domain, one adapted bath had not been working for a prolonged period. A number of specialist beds were available if people needed these.

Is the service caring?

Our findings

We found that this service was caring in accordance with CQC's inspection framework

Ensuring people are well treated and supported; respecting equality and diversity

Staff knew people and their individual needs well. Staff clearly explained how they supported people with dignity and respect. We observed positive interactions between people and members of staff throughout the inspection. People were comfortable with the staff support they had and there were a lot of smiles throughout the inspection. Relatives said their relative liked going to stay at Hollydene, with one saying, "[Name's] always keen to go (to Hollydene). They like spending time with the staff."

A one page 'snapshot' for each person was available for reference. This included information about key support needs and routines, as well as people's likes and dislikes.

People's cultural needs were identified in their care plans.

Supporting people to express their views and be involved in making decisions about their care

Where possible people, and their family, were involved in reviewing their care and support plans. One relative said, "We have reviews quite regularly. We've agreed there's no point doing them every three months unless there is an issue to discuss."

Relatives also said there was good communication with the Hollydene staff, and they got feedback following their relative's stay at Hollydene. A relative said, "We get feedback from the staff when we pick [Name] up; they let us know what they've done."

People were given options on what they wanted to do during their stay at Hollydene.

Respecting and promoting people's privacy, dignity and independence

The support staff explained how they respected people's privacy and dignity whilst providing support.

Support plans identified the things people were able to do for themselves and what support they needed from staff.

Is the service responsive?

Our findings

We found that this service was responsive in accordance with CQC's inspection framework

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

People received individualised support that met their needs. Staff knew people, and the support each person needed, well.

Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Relatives said they were involved in agreeing the care and support and had good communication with the home. Each person had a keyworker, who was responsible for reviewing people's support plans and making any changes when needed.

Before each person's visit to Hollydene a member of staff contacted their relative to check if there had been any changes in the person's needs or health since their last stay. This meant the staff had up to date information about people's needs before each respite stay.

Support plans included a personal intervention plan which detailed possible triggers for people becoming upset or distressed and how staff should support them at this time. Staff we spoke with were able to describe how they would support people if they were upset or distressed.

Meeting people's communication needs

Best practice guidance (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

People's communication needs had been assessed and were identified in their support plans. Staff knew how people communicated, including through body language and non-verbal cues.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Staff organised activities depending on who was using the service on that day. We saw photographs of recent day trips out. Hollydene had access to a vehicle and a minibus. This meant people, including those using a wheelchair, were able to go out in a vehicle if they wanted to

Different activities were also available at the home, for example art and crafts, puzzles and electronic games. Streaming TV channels were also available for people to watch.

Improving care quality in response to complaints or concerns

The provider had a complaints policy in place. There had not been any formal complaints made in the last 12 months. Any issues or concerns were discussed and resolved informally with the staff team or service manager. One relative said, "There's no manager there at the moment but I can always talk to the staff on duty at Hollydene."

End of life care and support

Hollydene is a respite service and would not support people at the end of their lives.

Is the service well-led?

Our findings

We found that this service was not always well led in accordance with CQC's inspection framework

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The service manager acknowledged that not all audits, checks and staff supervisions had been completed as there had been no manager at the home. Tasks were delegated to the staff team, but the service manager had not been able to complete spot checks to ensure everything had been done. With the recent appointment of a manager for Hollydene, this was planned to change. A regular plan of checks and audits would be formally introduced.

However, the staff team were very positive about the changes that had been made by the service manager. The service manager said they had prioritised these changes to improve the respite service. These included the home managing the booking system so they could ensure the compatibility of people staying each night and the available staffing could meet people's needs, an additional waking night staff when needed and contract laundry and cleaning services. One member of staff said, "The bed booking is brilliant now. It's so accessible on line and easy to use. It used to be hard copies and things were missed" and another told us, "It's the best thing ever about the laundry and cleaning; we've got a lot more time with people now."

The residential support workers were clear about their roles and responsibilities. They knew what needed to be done before each person's visit and ensured all the relevant information, for example snapshots of people's needs and medicine administration records, were available for the staff coming on shift.

There had been very few incidents reported at Hollydene. All incidents were reviewed by the service manager to check steps had been taken, where possible, to reduce the risk of the same issue reoccurring. When needed, staff had a debrief discussion with the service manager following an incident.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

The residential support workers said they enjoyed working at Hollydene, felt well supported and were able to speak with the service manager when they needed to. There was also an on-call system they could use out of hours if they needed any advice.

Staff said they were able to raise any ideas or concerns they had, either directly with the service manager or in team meetings. They felt the service manager would take these on board. One member of staff said, "[Service manager Name] has been really good, they're only a phone call away and they are on it and helpful."

People and their families, where appropriate, were involved in discussing and agreeing people's support plans. There was good communication between the staff team and people's families to ensure any changes in people's needs were known.

Relatives were very positive about the care and support their relatives received. One relative said, "I'm very happy with it; the staff have always been fantastic with [Name] and they always give us feedback."

Working in partnership with others

The home worked with staff from other services, for example day services, social workers and families to ensure people's needs were being met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The service manager knew the types of incidents that needed to be notified to the Registration and Inspection Unit, for example serious injuries. They understood their role in terms of the regulatory requirements.